



अखिल भारतीय आयुर्विज्ञान संस्थान, पटना

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

(An Institution of National Importance under ministry of Health & Family Welfare)

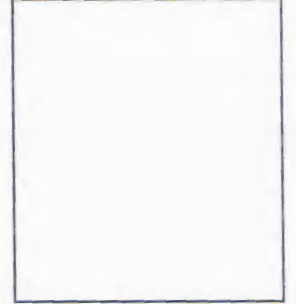
Government of India/ भारत सरकार



Advt. No.....

Date:_____

1. Date of Walk- in-Interview:.....
2. Name of the Post:.....
3. Department applied for:.....
4. Name (in block letter):.....
5. Father's Name:.....
6. Date of Birth:.....
7. Age on cut-off date:.....
8. Category & caste: UR/OBC/SC/ST/PWD-.....
9. Correspondence Address:.....
10. Permanent Address:.....
11. Mobile No. & Email:...../.....
12. Educational Qualification (MBBS):



S No.	Degree/Specialization	Institute/University	Year of Admission and Award	Year of Passing	Marks %	Attempt

13. Education Qualification (MD):

S No.	Degree/Specialization	Institute/University	Year of Admission and Award	Year of Passing	Marks %	Attempt

14. Working Experience:

S No.	Name of the Institution	Posted as	From	To	Training	Salary

15. Presently Employed/Working:.....

16. Payment details: DD No..... Date:..... Amount:.....

Issuing Bank:.....

Declaration: I do hereby declare that all information provided are true to the best of my knowledge and my degree(s) is/are recognized by Medical Council of India.

Place:

Date:

Dr. AMIT PATIL

MD, DNB, DHA, LLB

Additional Professor & Head

Dept. of Forensic Medicine & Toxicology

Signature with date